

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)						Application Number		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓						51			
2		1					52			
3		2					53			
4		1					54			
5		4					55			
6		1					56			
7		1					57			
8		1					58			
9		8					59			
10	✓						60			
11		10					61			
12		10					62			
13		10					63			
14		10					64			
15		10					65			
16		15					66			
17	✓						67			
18		17					68			
19		18					69			
20		17					70			
21		20					71			
22		20					72			
23		17					73			
24		23					74			
25	✓						75			
26		25					76			
27		25					77			
28		25					78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	4						Total Indep			
Total Depend	24						Total Depend			
Total Claims	28						Total Claims			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Bureau.

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